

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1526
Lobbyist's Registration Number

Instructions

- 1. Print in ink or type.
- 2. Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- 3. Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

FOR OFFICE USE ONLY
Postmark Date: 4/16/08

Reg of
Class 3258
\$110.00

1072216

1. NAME LoSpennato Ronald K.
Last First MI

2. BUSINESS PHONE (504) 486-8982
Area Code and Phone Number

3. BUSINESS ADDRESS 4431 Canal St. New Orleans LA 70119
Street and No. City State Zip

MAILING ADDRESS 4431 Canal St. New Orleans LA 70119
Street and No. City State Zip

4. EMPLOYER Southern Poverty Law Center

5. EMPLOYER'S ADDRESS 403 Washington Ave. Montgomery AL 36104
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Southern Poverty Law Center School-to-Prison Reform Project

Address 4431 Canal St. New Orleans LA 70119

Business or purpose Advocacy/Legal Action/Legislative Initiatives on behalf of
students with disabilities

Does this person pay you? Yes

If No, who pays you? _____

LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

2. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

3. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

4. Name _____

Address _____


Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.


Signature of Lobbyist

